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Draft country programme document**

Pakistan

Summary

The Executive Director presents the draft country programme document for Pakistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $61,616,000 from regular resources, subject to the availability of funds, and $65,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2004 to 2008.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	69.8
U5MR (per 1,000 live births)	109
Underweight (%, moderate and severe)	38
Maternal mortality ratio (per 100,000 live births)	530
Primary school attendance (% net, male/female)	58/48
Primary school children reaching grade 5 (%) (1997)	50
Use of improved drinking water sources (%)	90
Adult HIV prevalence rate (%)	0.11
Child work (%, 5-14 year-olds) (1996)	8
GNI per capita (US$)	420
One-year-olds immunized against DPT3 (%)	63
One-year-olds immunized against measles (%)	57

The situation of children and women

1. With a population of 145 million, Pakistan is the sixth most populous country in the world. Almost one half of the population (70 million) is less than 18 years old, with one third (23 million) less than five years of age. Population trends reflect declines in fertility rates from 6.2 in 1990 to 4.7 in 2001/02. Although the urban population is growing, the majority of the population (68 per cent) lives in rural areas.

2. Poverty, measured through a calorie-based approach, has risen from 20 per cent of the population in 1992/93 to 33 per cent in 1999/2000, reversing a declining trend in the late 1980s. The interim Poverty Reduction Strategy Paper (PRSP) recognizes that both income and human poverty are acute. Reduced development expenditures, higher debt service payments and other governance factors have resulted in a rise in the incidence of poverty. Poverty is most significant in rural Sindh and North West Frontier Province, with 37 and 47 per cent, respectively, of the population living in poverty. The gender dimensions of human poverty are also acute. The gender gap in literacy has widened from 19 to 24 per cent from 1981 to 1998. The poor have poorer access to basic services: 59 per cent of them live in households without a toilet and the net enrolment of their children stands at 37 per cent as opposed to rates of 39 and 59 per cent, respectively, for the non-poor.

3. Maternal mortality is estimated at 530 per 100,000 live births, with a range of between 340 to 600. Women's access to prenatal health care continues to be low, with only 2 per cent of deliveries in health facilities over the last decade and only 20 per cent attended by a skilled birth attendant. One out of three children are born with low birth weight. Two thirds of pregnant women are anaemic. Tetanus causes 25 per cent of all neonatal deaths.

4. Between 1990 and 2000, child mortality rates declined, with infant mortality rates (IMRs) dropping from 106 to 82 per 1,000 live births and under-five mortality rates from 162 to 109 per 1,000 live births. However, IMR remains high owing to the lack of quality health services, poor access and utilization of the services, and

socio-cultural practices affecting women's status and restricting their ability to seek timely and preventive health care for children and themselves. Measured as weight-for-age, child malnutrition remains high at 38 per cent and has been unchanged since 1985 due to maternal malnutrition, poor child feeding and caring practices, frequent episodes of diarrhoea, and lack of safe water and household sanitation, particularly in rural areas. An estimated 37 per cent of mothers and 23 per cent of children between 6-12 years of age are iodine deficient. Approximately 30 per cent of all children under five years old are vitamin A deficient. Routine immunization coverage stands at only 50 per cent. Pakistan remains one of the six countries on the global priority list in view of its 98 confirmed polio cases in 2002.

5. The utilization of water from an improved source has risen to 90 per cent, but the available quantity is inadequate and the quality is deteriorating as a result of pollution from chemicals, including arsenic, or bacteriological contamination. Household access to latrines rose to 62 per cent in 2000, with variations from 95 per cent in urban areas to 43 per cent in rural areas. Overall, 64 per cent of primary schools do not have sanitary latrines and 46 per cent of schools lack safe drinking water.

6. Out of 27 million children 5 to 10 years of age, 13 million, including 7 million girls, are out of school. Net enrolment stands at 58 per cent for boys and 48 per cent for girls. Levels as low as 27 per cent for boys and 6 per cent for girls are found in Federally Administered Tribal Areas (FATA). Of those enrolled, 30 per cent attend private schools. Nationally, 50 per cent of enrolled children drop out before completing the primary cycle, reflecting low internal efficiency. In a recent survey in Punjab, it was found that the few children who complete the primary cycle learned only around one third of the required content of the curriculum. Cultural practices, reliance on child labour (particularly on girls for household chores), security and safety of girls, corporal punishment, high pupil-teacher ratio, teacher absenteeism, poor access to school sanitation, gender biases in the education system, including examination processes, teacher recruitment and training practices all contribute to children's, and especially girls', lack of access to education.

7. With less than 20 per cent net enrolment of children 11-19 years olds in secondary schools, many adolescents have few avenues to acquire knowledge and skills for self-development, protection and participation, thus increasing their vulnerability to health risks such as HIV/AIDS, sexually transmitted infections (STIs) and drug abuse. Government estimates suggest that Pakistan is officially a low prevalence country in HIV/AIDS, with an estimated 1,700 HIV-positive cases, including 231 with AIDS; however, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that Pakistan may have over 70,000 infected people.

8. Poor access to education makes children vulnerable to some of the worst forms of child labour. Having ratified International Labour Organization (ILO) Convention 182 on the elimination of the worst forms of child labour, the Government is faced with the challenge of an estimated 3.6 million working children under the age of 14 years, many of whom are engaged in exploitative and hazardous labour. It has promulgated an Ordinance for the Prevention of Child Trafficking and developed a National Plan for preventing commercial sexual exploitation of children.

9. The underlying and basic causes of low levels of realization of children's rights include past political instability, low social sector spending, high debt burden,

demotivated public sector and low priority on human resources development. The recent devolution reform agenda to the 104 districts offers the potential for increased participation from civil society, public accountability and evidence-based planning.

10. Pakistan is signatory to the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other international human rights instruments. Commissions on Child Welfare and Development have been established at federal and provincial levels to coordinate and monitor implementation of the Convention on the Rights of the Child. The preparatory process leading up to the United Nations Special Session on Children provided a unique opportunity for advocacy on child rights issues at the policy level and on the promotion of child participation. As a follow-up, Pakistan is developing a national policy on children and a National Plan of Action (NPA). Institutional mechanisms have been set up to ensure substantive linkages between the NPA and the PRSP at federal and provincial levels. Pakistan's first report on implementation of the Convention on the Rights of the Child is awaiting review by the United Nations Committee on the Rights of the Child in June 2003.

Key results and lessons learned from previous cooperation, 1999-2003

Key results achieved

11. The Government, along with partners, including non-governmental organizations (NGOs), has been developing models for the provision of quality care for obstetrical emergencies. UNICEF, in collaboration with Columbia University (United States) and the Government of Sindh, has initiated a model for emergency obstetric care services in 17 facilities of three districts under the women's right to life and health project, including methodologies for baseline assessment, monitoring, standard protocols and capacity-building. The Government is scaling this approach up to 20 districts.

12. The total number of confirmed polio cases has dropped from 558 in 1999 to 98 in 2002. In support of government efforts for polio eradication, UNICEF, the World Health Organization (WHO), Rotary International and other partners have worked closely together during more than 20 rounds of polio campaigns. The advocacy initiative of the 1999-2003 country programme has ensured funding for the supply of vaccines from the Government of Japan and other donors. The joint efforts of the Government, WHO and UNICEF have led to an integrated communication strategy for polio eradication and the expanded programme on immunization (EPI). An evaluation of the advocacy and social mobilization strategy in 2002 indicates that 98 per cent of families with children under five years of age are aware of the importance of the polio eradication initiative.

13. In primary education, the model developed in the country programme and implemented in collaboration with the Punjab Department of Education has now been institutionalized by the Government of Punjab in 6 districts and taken up by the Federal Government in 16 districts. In Sialkot district, the model resulted in the enrolment of 97 per cent of children between 5-7 years of age, with the reduction of the drop-out rate to 0.7 per cent. In Balochistan, a model was developed with the

Government and supported by the Australian Agency for International Development (AusAID), which showed how the enrolment of girls could be increased through a community approach. This has resulted in 86 per cent of girls between 5-7 years of age attending school in four districts.

14. Working closely with the Government, the private sector, communities and schoolchildren, the 1999-2003 country programme has successfully promoted hand washing and the construction of household latrines. According to a national knowledge, attitude and practices survey on sanitation and hygiene practices undertaken in rural areas of Punjab province and conducted in collaboration with the Gallup Organization, families constructed nearly 250,000 additional latrines using their own resources.

15. The Government has promulgated a Juvenile Justice Ordinance following sustained advocacy by UNICEF and partners. UNICEF also supported the Government to develop standard rules for enforcing the Ordinance, which enabled all provinces to adopt them by the end of 2002. In Sialkot district, a project for eliminating child labour from the soccer ball industry resulted in the withdrawal of 7,000 children from the industry. Using established networks, including Girl Guides and Boy Scouts, the county programme developed models for empowering adolescent girls and boys to act as change agents and role models in their communities.

16. Pakistan's devolution reforms presented an opportunity for the country programme to contribute to evidence-based decentralized planning, monitoring and resource allocation. UNICEF support to a district-based multiple indicator cluster survey (MICS) in North West Frontier Province has created a demand throughout the country for disaggregated data for planning and implementation.

Lessons learned

17. While supporting supplemental immunizations, attention and resources have to be maintained for routine immunization activities. Experiences gained in supplemental immunization campaigns, such as in awareness-raising, improved microplanning, surveillance and assessment, should be used to strengthen routine immunization.

18. Creating effective linkages among the community, school systems and the private sector can make a critical difference in the enrolment of marginalized out-of-school children. The Sialkot model has demonstrated that it is possible to change discriminatory attitudes towards the education of marginalized children and bridge the resource gap. The successful enrolment of girls in the project in rural Balochistan showed that even in a conservative and strongly patriarchal society, parents would allow daughters to enrol if the environment was safe and they were involved in decision-making. The "Brothers Join Meena" initiative demonstrated that it is possible to convince boys and men to facilitate girls' participation in education.

19. In conservative communities of Pakistan, adolescent girls can be reached effectively by involving community elders and adopting participatory methodologies. The investment in girls' empowerment through information, knowledge and skills can change their status at family and community levels and

help them become role models and change agents. This has been demonstrated in the Girl Guide and Girl Child project funded by the Government of Switzerland. However, reaching out-of-school adolescents requires substantial investments in time and resources, which should be factored into project plans.

The country programme, 2004-2008

Summary budget table

Programme	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Maternal and child health care	20 000	50 000	70 000
Primary education	14 600	7 500	22 100
Water, environment and sanitation	4 550	2 500	7 050
Child protection and empowerment of adolescents	5 116	5 000	10 116
Planning, monitoring and evaluation	5 150	-	5 150
Cross-sectoral costs	12 200	-	12 200
Total	**61 616**	**65 000**	**126 616**

Preparation process

20. The preparation of the proposed 2004-2008 country programme has been guided by national and international frameworks, including the UNICEF medium-term strategic plan (MTSP), the draft United Nations Development Assistance Framework (UNDAF), the interim PRSP, and the goals and commitments set out in the Millennium Development Goals and the outcome document of the Special Session on Children, "A World Fit for Children". A senior-level management team, including government representatives from all four provinces, chaired jointly by the Ministry of Health and UNICEF, provided policy directions. Government counterparts, NGOs, United Nations agencies and key stakeholders participated through a series of strategy meetings, including internal, provincial and federal consultations. Children representing various groups, including street children and working children, participated through special consultations. Children's recommendations were shared during the provincial strategy meetings.

21. The country programme approach and strategy were shared with United Nations agencies and at an interministerial meeting chaired by the Economic Affairs Division in February 2003. With the participation of all major stakeholders — donors, United Nations agencies, civil society organizations (CSOs), the private sector and senior government representatives from both federal and provincial governments — the strategy meeting endorsed the direction and components of the proposed country programme.

22. An environmental impact assessment has shown no likely negative impact of the proposed country programme. The country programme has recognized that the

contamination of groundwater with arsenic is a major concern that needs to be addressed.

Goals, key results and strategies

23. The overall goal of the country programme is to improve the survival, development, protection and participation of children in Pakistan. Building on the successful approach of the 1999-2003 country programme, the approach is to achieve results at scale through the demonstration of working models that can be scaled up by the Government and other partners and through leveraging of resources. Under the right-based approach, the country programme will aim to achieve certain key results in this regard in selected disadvantaged districts across all provinces. The approach will then be advocated for scaling up. The synergistic benefits of an integrated approach to early childhood development (ECD) will be achieved through advocacy for such policies and demonstration through convergence in relevant programme areas such as girls' education and school water supply and sanitation. The key results to be achieved in a phased manner by 2008 are:

(a) 80 per cent of pregnant women in six districts have access to the services of skilled birth attendants and to antenatal care;

(b) 80 per cent of caregivers in six districts have knowledge and have adopted improved and integrated approaches to care practices in early childhood growth and development;

(c) Sustainable and replicable models are developed for strengthening routine EPI in 14 districts;

(d) 80 per cent of girls in 20 districts complete primary schooling;

(e) 80 per cent of girls in primary schools in 20 primary schooling districts have access to sanitation and improved sources of drinking water;

(f) Improved policies for and monitoring of quality and water resource management at federal and provincial levels;

(g) Improved legislation, policies and standards on selected child protection issues;

(h) 60 per cent of children in need of protection, recovery and reintegration in two districts are provided with supportive services;

(i) 60 per cent of adolescents in six districts have acquired the knowledge and skills to protect themselves from HIV/AIDS/STIs and drug use, and to be able to lead healthy lifestyles;

(j) Analysis and assessment of programme implementation to advocate and communicate successful strategies and approaches, and increased resource allocation for scaling up.

24. To achieve these key results, the country programme will be implemented through the following strategies that are closely linked to UNDAF:

(a) *Support to devolution and decentralization* to local government bodies and partners at the district level will be provided for improved planning,

implementation and monitoring of integrated social development initiatives, and advocacy for replication of successful models;

(b) *Reduction of disparities* using partnerships to raise awareness of disparities and advocate for increased resources to ensure equitable access to quality services will be promoted. Special attention will be given to reducing gender disparities;

(c) *Participation and partnership*, with a special focus on the disadvantaged, women and children, will be promoted. Building alliances at all levels, including at district and subdistrict levels, to leverage resources in support of women's and children's rights will be key for achieving results;

(d) *Capacity development* of decision makers, service providers, community leaders and families to fulfil their responsibilities in ensuring development and protection for all will be supported.

Relationship to national priorities and UNDAF

25. The 2004-2008 country programme complements and supports government efforts towards people-centred development. The National Three-Year Plan emphasizes economic reforms, social and physical asset creation for the poor, governance and social safety nets. The proposed country programme is linked to social asset creation and social safety nets by addressing disparity reduction in access to health, education, water and sanitation. UNICEF is also supporting the preparation of the provincial PRSP documents, which will help to ensure a link between child priorities and poverty reduction. The informal discussion on the first national report on implementation of the Convention on the Rights of the Child will be held in June 2003. The 2002 report is under preparation, ensuring the participation of subnational and federal structures, CSOs and children.

26. The draft UNDAF identifies four priority areas of cooperation: participatory governance; poverty alleviation; health; and education. Fundamental cross-cutting themes include population, gender, environment, humanitarian affairs, drugs control and crime prevention, and culture and development. The country programme will build on the priority areas of cooperation in health, primary education, participatory governance, gender and humanitarian affairs.

Relationship to international priorities

27. The new country programme will address the five MTSP priorities and contribute to the goals of "A World Fit for Children". The primary education programme will focus on girls' education. School readiness will be promoted under the early childhood component of the maternal and child health (MCH) care programme. This programme will focus on improving care for pregnant women, immunization, appropriate child-rearing practices and ECD within a safe environment. For HIV/AIDS prevention, the focus will be on the prevention of mother-to-child transmission and the protection of adolescents through the development of life skills. The protection of children against exploitation, violence and abuse will be addressed within a new programme component. An advocacy and

communication component will be integrated into all programme strategies that address the MTSP areas.

28. The country programme will contribute to the realization of the Millennium Development Goals under the UNDAF framework through its programmes for primary education, child protection, MCH and the prevention of HIV/AIDS. The programme will also promote gender equality and protection of the vulnerable through the disparity reduction strategy.

Programme components

29. **MCH care**. Problems to be addressed are the high levels of child and maternal morbidity and mortality. Contributing factors comprise frequent infections, leading to malnutrition; weak health service delivery systems, including immunization; socio-cultural practices that restrict women's movement and decision-making; violence against children and women; and poor child care practices.

30. The key results expected from the programme by 2008 are to ensure that: (a) 80 per cent of pregnant women in six districts have received adequate care during pregnancy at the family level, have access to skilled birth attendants and antenatal care services, and have access to emergency obstetric care; (b) 80 per cent of caregivers in six districts have knowledge of and have adopted improved care practices in early childhood growth and development; and (c) sustainable and replicable models have been developed for strengthening routine EPI in 14 districts.

31. The programme will aim to address the survival, growth and development of the child, with interrelated interventions at district and community levels, in an integrated and comprehensive manner. This will be accomplished through capacity-building of service providers and NGO partners to ensure that families adopt improved caring practices for pregnant women and children. Improved care of pregnant women will be promoted, including reduced workload, increased food intake and rest, regular antenatal care, protection from violence and adequate preparations for safe delivery. Support will be provided to mobilize communities to adopt proper ECD practices such as breastfeeding and complementary feeding, birth registration, care during illness, personal hygiene, stimulation for psychosocial and cognitive development, and better school readiness. Specifically, supplies such as vitamin A capsules, vaccines and cold-chain equipment with spare parts will be provided. Advocacy and communication initiatives will be undertaken in support of reducing micronutrient deficiencies, creating a demand for routine immunization and Polio Eradication Initiative strategies.

32. The programme will be implemented in partnership with the federal ministries and provincial departments of Health, Population Welfare and Education. UNICEF will collaborate with the Asian Development Bank, the United Nations Population Fund (UNFPA) and Save the Children-United States in maternal health; and with WHO, Rotary International, the Government of Japan, the United States Centers for Disease Control and Prevention and NGOs in child health, with an emphasis on strengthening immunization and polio eradication.

33. **Primary education**. This programme will address the "25 by 2005" initiative concerning the acceleration of girls' enrolment and working towards gender parity by 2005. More specifically, it addresses the problem of low primary school

enrolment, the high drop-out rate and gender disparity. The contributing factors include the lack of community demand and involvement in education services; high opportunity costs for families; a school environment that is not child-friendly, with corporal punishment and a lack of basic amenities, including water and sanitation; and low public sector investment in primary education, which has not increased during the last decade.

34. The expected strategic results are: (a) increased demand for the acceleration of girls' education through a national movement; and (b) in 20 districts, 80 per cent of primary-school-age children, especially girls, completing primary schooling, with improved learning achievements.

35. The programme will mobilize key partners throughout the country to create a ground swell in support of acceleration of girls' education, including raising consciousness of the value of girls' education and gaining political commitment by national leaders. In 20 districts, through an intersectoral approach, the programme will provide support for coordination and joint planning by partners such as the Government, civil society, WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO). This partnership will enable the development of an integrated and synergistic model of child-friendly schools with a healthy and safe school environment, improved teaching quality and assessment of learning outcomes. Based on the successful experience of mobilizing communities, school management committees, the school system and the private sector, support will be provided to these groups to promote access and reduce drop-out, especially for girls.

36. In the context of devolution, and working with the Ministry of Education and UNESCO, the programme will strengthen the capacity for improved information management and assist partners at the district level to make better use of data for monitoring and planning, and more effective resource mobilization and evidence-based advocacy. In partnership with donors, UNESCO and the World Food Programme, the programme will advocate, at federal, provincial and district levels, for increased budgetary allocations, more equitable distribution and setting more ambitious targets in the PRSP, particularly for girls' education.

37. **Water, environment and sanitation**. This programme will address two issues: low sanitation coverage and improved access to safe water in primary schools; and deterioration in the quality of drinking water and poor water resource management, which are factors in the lack of access of children to improved drinking water. The expected result is a safe environment in the family and community for the healthy development of the child. There are two key results: (a) access to sanitation and an improved source of drinking water for 80 per cent of girls in primary schools in 20 selected districts for a focus on girls' education; and (b) improved policies and monitoring for quality and water resource management at federal and provincial levels.

38. The country programme will support the provision of water points, sanitary latrines and hygiene education in primary schools, contributing to the "child-friendly" school initiative. To promote household latrines and improved hygiene practices in rural areas, communication initiatives will be continued, building on the successful results of existing models. The programme will mobilize communities and enhance the capacity of teachers to promote health and hygiene. In emergencies and disasters, the programme will provide water, sanitation and hygiene education support. Within the framework of UNDAF, UNICEF will strengthen collaboration

with the Government, the United Nations Development Programme, the Departm[illegible] for International Development (DfID) (United Kingdom) and The World Conservation Union/OXFAM for improved water resource management. It will support the development and implementation of policies, guidelines and standards for improving water quality, monitoring and surveillance. Working with scientific research organizations and the Government, UNICEF will also support appropriate and affordable technologies to mitigate the poor quality of water.

39. **Child protection and empowerment of adolescents**. Problems to be addressed are the inadequate knowledge and understanding of child protection issues, and the limited capacity to prevent violations and to promote the recovery and reintegration of children whose rights have been abused. Adolescents have few avenues through which to acquire knowledge, confidence and skills to prepare them for adulthood and informed decision-making. This, in turn, makes them vulnerable to early marriage, drug and substance abuse, exploitation, STIs and HIV/AIDS.

40. The strategic results of this programme are: (a) the completion and communication of the situation assessment and analysis of key child protection issues to key stakeholders; (b) improved legislation, policies and standards on selected child protection issues; (c) in two districts, the provision of supportive services to 60 per cent of children in need of protection, recovery and reintegration; and (d) in six districts, the acquisition by 60 per cent of adolescents of adequate knowledge of life skills and healthy lifestyles for their own protection and so they can act as change agents in their families.

41. The programme, in partnership with ILO, Save the Children Alliance and relevant line ministries (including the Law Reform Commission, the Ministry of Law, Justice and Human Rights, the National Commission for Child Welfare and Development, the Ministry of Interior and Narcotics Control), will build a better understanding of the child protection situation. This will be achieved through continued assessment, analysis and wide dissemination of findings. Technical support to the Government will be provided for the development, enforcement and monitoring of relevant laws, policies and standards to protect children from exploitation, violence and abuse. Institutions will be established to oversee and act as reference points for children to lodge complaints about violations of their rights, advocate for greater child participation, and break the silence at household and community levels. In two districts, NGO networks, partnerships and alliances will be built and strengthened for the protection, recovery and reintegration of children. Once the model success is established, scaling up will be achieved through advocacy to potential donors.

42. On the basis of lessons learned and the first National Survey on Adolescents and Youths, the programme will strengthen a network of identified partners (government, NGOs and adolescents) working in communities with adolescents to support positive behaviours and practices, and increased self-esteem. The programme will help to develop a life skills approach for adolescents on a range of issues they have identified. It will advocate for policy makers and adults to view adolescents as an important vital resource of skills and knowledge. An HIV/AIDS prevention component will be mainstreamed throughout all interventions targeting adolescents on the strength of existing networks created under the umbrella of the National AIDS Control Programme (UNAIDS, UNFPA and civil society).

43. **Planning, monitoring and evaluation**. Problems to be addressed are the inadequate capacity at provincial and district levels for policy, planning and monitoring. This is due partly to the lack of disaggregated data and low capacity for its analysis and utilization to inform policy and planning for children and women.

44. Expected key results include: (a) the capacity of districts covered by the programme to be strengthened for data collection and use, planning, monitoring and evaluation; and (b) the improved capacity of federal institutions to monitor the realization of children's rights and to achieve the goals of "A World Fit for Children" and the Millennium Development Goals.

45. In collaboration with the Planning Commission and provincial planning departments, the programme will provide technical input, training and supplies for improving data collection, analysis and use of data at district levels. It will provide technical assistance to develop the capacity of federal, provincial and selected district partners to plan for scaling up social programmes. It will support the rights-based monitoring of social development. Key elected representatives and service providers at the district level will be supported through improved knowledge of and skills for rights-based approaches to plan and implement programmes for children and women. It will contribute to the coordination and reporting on the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the NPA. UNICEF will disseminate widely the results of evaluations and assessments as inputs to ensure better planning and policy formulation at all levels of Government and to build strategic alliances.

46. Programme communication will be mainstreamed. Focusing on priority programme interventions, including polio eradication, routine immunization, acceleration of girls' education and HIV/AIDS prevention, the country programme will implement communication strategies for knowledge enhancement and behavioural change among families and communities for demanding and utilizing services. In selected districts where other programmes have interventions, awareness will be raised among families, communities and young people to adopt improved practices for the care and protection of children and women, utilization of services and participation in the social development process.

47. Emergency preparedness and response, including increased emphasis on regular monitoring and evaluation of the situation, will be mainstreamed in all the programmes.

48. **Cross-sectoral costs**. These cover the basic operational costs of running the UNICEF country office and four provincial offices. They include operating expenses (such as rent, utility bills, vehicle maintenance costs, V-SAT cost, furniture and office equipment), cross-cutting staff's salary and travel costs, and other equipment, such as for security needs.

Major partnerships

49. The following strategic alliances and partnerships will be formed:

(a) With federal, provincial and district governments for policies and implementation;

(b) With elected representatives at federal, provincial and district levels for improving legislative frameworks and the allocation of resources;

(c) With media to engage them as partners in advocating for children's and women's rights;

(d) With both national and international NGOs, child rights' organizations and civil society partners as advocates and resources;

(e) With members of the United Nations family, National Committees for UNICEF and other development partners such as DfID, the Canadian International Development Agency, the Swedish International Development Authority, the Japan International Cooperation Agency, AusAID, the Norwegian Agency for International Development, the United States Agency for International Development and the European Commission for advocacy, policy dialogue and implementation of initiatives;

(f) With the private sector for advocacy and funding;

(g) With children and adolescents for child participation in all aspects of the country programme.

Monitoring, evaluation and programme management

50. The country programme results framework will form the basis for results-based management. The associated logframes will provide the indicators for tracking progress. The Integrated Monitoring and Evaluation Plan will outline monitoring systems, research and evaluation plans for achieving results. These tools will be revised periodically in collaboration with partners. While monitoring and evaluation will be the responsibility of individual programmes, the Planning, Monitoring and Evaluation Section will provide technical assistance as required.

51. The key indicators for tracking progress towards strategic results include: the percentage of deliveries attended by skilled birth attendants; the percentage of caregivers with adequate knowledge of caring practices for children; the number of districts in which EPI services are fully functioning; the percentage of girls in primary schools with access to sanitation and improved sources of drinking water; the number of fully functioning monitoring systems for water quality and water resource management; the primary school completion rate; the percentage of children in need of protection, recovery and reintegration who have received supportive services; and the percentage of adolescents with knowledge of key areas of life skills. MICS conducted periodically in districts where programmes are implemented will be the primary source of data for baseline studies and evaluations.

52. The planned major evaluations include education in 2004, EPI in 2005 and a thematic evaluation of key strategies in preparation for the mid-term review in 2006. Finally, a country programme evaluation will be conducted in 2008.

53. The Government of Pakistan-UNICEF country programme will be coordinated by the Ministry of Health at the federal level and by respective planning and development departments at the provincial level.